STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

15803 15807

1

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
OLLIE	BLANCHE	BARTHOLOMEW	OCTOBER	27	1972	7:07 PM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
FEAMEL	WHITE	FEBRUARY 26, 1880	92 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH
W.Va.	USA		Garrett Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Oakland	Garrett Co. Mem. Hosp.	Housewife	Home

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	Garrett	Oakland	YES ☒ NO ☐	4 N. Third Street

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Charles	Thomas	VanSickle	Margaret	Frances	Teets

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
no		175-14-2547B	Mrs. Mabel Teets,	see #13 above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pneumonia, Bt. Lung — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

DUE TO, OR AS A CONSEQUENCE OF (b) Senility — years

DUE TO, OR AS A CONSEQUENCE OF (c) Arteriosclerosis — years

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4409

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES ☐ NO ☒	

21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH ☐ OR CONTRIBUTING ☐ (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that (I) (this hospital) attended the deceased from _____, 19____, to _____, 19____, that (I) (we) last saw the deceased alive on _____ 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
A. Mance MD		☒	☐	☐	28 Oct 72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Dr. A. E. Mance	Third Street, Oakland, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	10/30/72	Garrett Co. Mem. Gards.	Oakland, Garrett, Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Bradley A. Stewart Oakland, Maryland	NOV 3 1972	Sidney H. Norton

DHMH-16 1-71 30M
(VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

15804 — 15808

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 (VR AT5 (4))

1. DECEASED-NAME (Type or print) First: ELSIE Middle: RACHEL Last: BOYCE		2a. DATE OF DEATH: OCTOBER Month 05 Day 72 Year	2b. HOUR: 6:05P M
3. SEX: FEMALE	4. RACE: WHITE	5. DATE OF BIRTH: JUNE 06, 1899	6. AGE (In years last birthday): 73 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): MD	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: GARRETT Md.
10. CITY OR TOWN OF DEATH: OAKLAND	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): GARRETT CO. MEM.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): House Cleaning	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD	13b. COUNTY: GARRETT	13c. CITY OR TOWN: KITZMILLER	13d. INSIDE CITY LIMITS? YES ☒ NO ☐ — 13e. STREET AND NUMBER
14. FATHER'S NAME First: John Middle: W. Last: Boyce		15. MOTHER'S MAIDEN NAME First: Delilha Middle: MAY Last: TRUE	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or Unknown): NO (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 214-30-9766	17. INFORMANT: MRS Hazel Briggs	Address: Kitzmiller, Md

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cerebral thrombosis — days.

DUE TO, OR AS A CONSEQUENCE OF

(b): Arteriosclerotic CV Dis. — yrs.

DUE TO, OR AS A CONSEQUENCE OF

(c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

4122

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

diabetes mellitus. Hypertension

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING ☐	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from Apr, 1966, to Oct, 1972, that (I) (we) last saw the deceased alive on 10 5 72 19___, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: B L Grant — DEGREE: ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS. ☐ — 22c. DATE SIGNED: 10·6·72

22d. PHYSICIAN'S NAME (Type): B.L. GRANT — 22e. ADDRESS:

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: OCT 8 1972	23c. NAME OF CEMETERY OR CREMATORY: MT ZION CEMETERY	23d. LOCATION (City or Town) (County) (State): MT ZION · GARRETT Md	
24. FUNERAL DIRECTOR: Edward A. Budnock	ADDRESS: Kitzmiller, Md	25a. REC'D BY REGISTRAR DATE: OCT 10 1972	25b. REGISTRAR'S SIGNATURE: Audrey M Norton	

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Item#2a, Film G454 12/1/72 kam
Item#2a Film G453 11/16/72 sy

CERTIFICATE OF DEATH

15809

1. DECEASED-NAME (Type or Print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
15803 Viola	Ethel	Clark	Oct. 18, 1972	7:00 P.M.

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
Female	White	Aug. 27, 1897	75 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
W.Va.	U.S.A.		Garrett Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Oakland	Cuppett-Weeks Nurs. Home	H.W.	

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER
Md.	Garrett	Swanton		Rt. 1

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
John	W.	McCloud	Mary	J.	Poland

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
no		Wesley Clark-Swanton, Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Vascular Accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Minutes

DUE TO, OR AS A CONSEQUENCE OF

(b) Arteriosclerotic Cardio-Vascular Disease — Unknown

DUE TO, OR AS A CONSEQUENCE OF

(c) and Diabetes Mellitus

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4124

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
August 28, '72	Amputation Gangrene left Foot-	YES ☐ NO ☒	

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) ~~(this hospital)~~ attended the deceased from May, 1972, to October, 1972, that (I) (~~we~~) last saw the deceased alive on October 10 1972, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Herbert H. Leighton, M.D.		☒	☐	☐	21 Oct 1972

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Herbert H. Leighton, M.D.	Oak @ 5th Sts., Oakland, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	10/22/72	Deer Park	Deer Park-Garrett-Md.

24. FUNERAL DIRECTOR	ADDRESS	25a. RECD BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
C. L. Beal	Westernport, Md.	NOV 6 1972	Sidney H. Norton

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VR (215-4) 45M 7-69

Cerebral Vascular Accident

Arteriosclerotic Cardio-Vascular Disease

and Diabetes Mellitus

August 28, '72 Gangrene left foot- X

amputation

October 10 '72 May = '72 October '72

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

15806 · 15810

1

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First	Middle	Lost
Louella	Jane (Sevits)	Fallen

2o. DATE OF DEATH: Month 10 Day 2 Year 1972 — 2b. HOUR: 10:20 M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HRS.: HOURS	MIN.
Female	White	2-21-1893	79 YRS.	7	11		

7o. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Pa.	U.S.A.		Garrett Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12o. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Grantsville	Goodwill Menn. Home.	Housewife	Employee State Hospital Attendant

13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☑	13e. STREET AND NUMBER
~~Berlin~~, Pa.	Somerset	Berlin		R.D.4

14. FATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN NAME First	Middle	Lost
Robert	Sevits		Anna		Pritts

16o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
no	281-03-4894	Rhoda Maust L.P.N.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

4319

IMMEDIATE CAUSE (a) Medullary failure

DUE TO, OR AS A CONSEQUENCE OF (b) Cerebrovascular hemorrhage.

DUE TO, OR AS A CONSEQUENCE OF (c) generalized arteriosclerosis

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: less than one hour.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

None

19o. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20o. AUTOPSY? YES ☐ NO ☑	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21o. ACCIDENT WAS (If either, notify medicol exominer) UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (~~this hospital~~) attended the deceased from Sept 27, 1972, to Oct 2, 1972, that (I) (~~we~~) last saw the deceased alive on Sept 27, 1972 and that in (my) (~~our~~) opinion death accurred on the dote and hour and from the couses stated abave, (I) (~~we~~) (did) (~~did not~~) view the body ofter deoth.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Grant Atwell, II, D.O.		☑	☐	☐	10/2/72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
GRANT Atwell, II, DO.	Salisbury, Pennsylvania

23o. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	10-6-72	Ridge Church Cemetery	Brothersvalley Twp. Somerset Pa

24. FUNERAL DIRECTOR	ADDRESS	25o. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
James Lee Johnson & Son	Berlin, Pa 15530	OCT 10 1972	Sidney H. Norton

Items 18,22a Film 453 11/3/72 mb

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15807

15811

FOR STATE HEALTH DEPT.

1. DECEASED-NAME (Type or Print): First: James; Middle: Comeford; Last: Frame, Jr.

2a. DATE OF DEATH KNOWN ☐ ESTIMATED ☒: Month 10 Day 1 Year 1972

2b. HOUR 1A M

3. SEX: Male

4. RACE: White

5. DATE OF BIRTH: 11/21/28

6. AGE (In years last birthday): 43 YRS. IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN

2c. DATE PRONOUNCED DEAD: Month 10 Day 2 Year 1972

2d. HOUR 345 P M

7a. BIRTHPLACE (State or foreign country): W.Va.

7b. CITIZEN OF WHAT COUNTRY?: USA

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

9. COUNTY OF DEATH: Garrett Md.

10. CITY OR TOWN OF DEATH: Rt. 2, Swanton

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Rural (Savage River Dam)

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Licensed Examiner

12b. KIND OF BUSINESS OR INDUSTRY: DMV

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.

13b. COUNTY: Garr.

13c. CITY OR TOWN: Mt.Lake Pk.

13d. INSIDE CITY LIMITS? YES ☒ NO ☐

13e. STREET AND NUMBER: 603 Oak Street

14. FATHER'S NAME: First James; Middle C.; Last Frame, Sr.

15. MOTHER'S MAIDEN NAME: First Vida; Middle; Last Fullick

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes

(If yes give war or dates of service): WW II

16b. SOCIAL SECURITY NO.: 232-38-7143

17. INFORMANT ADDRESS: Mrs. James C. Frame, Sr., Mt.Lake Park, Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

4123 IMMEDIATE CAUSE (a): Pulmonary edema — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Minutes

DUE TO, OR AS A CONSEQUENCE OF

(b): Coronary insuffiency — Yrs.

DUE TO, OR AS A CONSEQUENCE OF

(c): Coronary arteriosclerosis — "

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?

20. AUTOPSY? YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21e. PLACE OF INJURY (At home, farm, street, factary, office building, etc.)

21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. I certify thot I took chorge of the remains described above, held an Autopsy ☒, Inspectian ☒, Inquiry ☒, ond in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.

CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☐

DEPUTY MEDICAL EXAMINER ☒

22b. DATE SIGNED: 10-2-72

EXAMINER'S NAME (Type): James H. Feaster, Jr., M. D.

ADDRESS (Street, city, town, or county): Oakland, Garr., Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10/4/72

23c. NAME OF CEMETERY OR CREMATORY: Garr.Co.Mem.Gardens

23d. LOCATION (City or Town) (County) (State): Oakland, Garr., Md.

24. FUNERAL DIRECTOR: John O. Durst ADDRESS: John O. Durst, Oakland, Md.

25a. REC'D BY REGISTRAR DATE: OCT 6 1972

25b. REGISTRAR'S SIGNATURE: Lindsay Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word 'pending' in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

DHMH-17 10-71-10M (VR A15ME-45)

1

FOR STATE HEALTH DEPT.

15808

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15812

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form DHMH-17. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form DHMH-17. Page 5 may be retained for your files.

after death.

DHMH-17 1/71 10M
(VR A15ME (5))

1. DECEASED NAME (Type or Print) First	Middle	Last	2a. DATE KNOWN ☒ OF DEATH ESTIMATED ☐ Month	Day	Year	2b. HOUR			
Carrie	M	Friend	10-	10	1972	10:15 A M			
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS HOURS	IF UNDER 24 HRS MIN	2c. DATE PRONOUNCED DEAD Month	Day	Year	2d. HOUR
Female	White	3-5-1892 ~~10-10-1972~~	80 YRS.					10	10	1972	10:30 A M
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH								
W. Va.	USA.		Garrett Md.								
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY								
Oakland, Md.	Cuppett & Weeks Nursing Home, Oakland, Md.	Housewife									
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☐	13e. STREET AND NUMBER							
W. Va.	Preston	Bruceston									
14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last						
John	Nicola		Clara		Teets						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS									
	181-14-9402 A	Orval Friend Bruceton Mills, W. Va.									

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

4129

Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Bilateral Pleural Effusion	48 Hours
DUE TO, OR AS A CONSEQUENCE OF (b)	Ischemic Heart Disease	5 years
DUE TO, OR AS A CONSEQUENCE OF (c)	Arteriosclerotic Cardia Vascular Disease	Unknown

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify thot I taak charge of the remoins described above, held on Autopsy ☐, Inspection ☒, Inquiry ☒, and in my opinion deoth resulted from: Naturol causes ☒, Accident ☐, Suicide ☐, Hamicide ☐, Undetermined monner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type) Herbert H. Leighton MD. M.D. Acting

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS(Street, city, town, or county)

22b. DATE SIGNED 10 October 1972

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Tawn)	(County)	(State)
Burial	10/13/72	Shady Grove Cemetery	Brandonville	Preston	W. Va.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
John K. Whitehair Terra Alta, W. Va. 26764	OCT 16 1972	Sidney M. Norton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

15809 — 15813

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First / Middle / Last	TRESSA DAGMAR FRIEND
2a. DATE OF DEATH Month / Day / Year	OCTOBER 09 72
2b. HOUR	2:35 PM
3. SEX	FEMALE
4. RACE	WHITE
5. DATE OF BIRTH	SEPTEMBER 05, 1894
6. AGE (In years last birthday)	78 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	
IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	Md.
7b. CITIZEN OF WHAT COUNTRY?	USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	
9. COUNTY OF DEATH	Garrett Md.
10. CITY OR TOWN OF DEATH	Oakland
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	Garr. Co. Mem. Hosp.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Housewife
12b. KIND OF BUSINESS OR INDUSTRY	Own home
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Md.
13b. COUNTY	Garr.
13c. CITY OR TOWN	Kitzmiller
13d. INSIDE CITY LIMITS? YES ☒ NO ☐	
13e. STREET AND NUMBER	Spring St.
14. FATHER'S NAME First / Middle / Last	Bradley T. Bray
15. MOTHER'S MAIDEN NAME First / Middle / Last	Margaret Jane Campbell
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	No
16b. SOCIAL SECURITY NO.	219-34-6472
17. INFORMANT Address	(Sister) Mrs. Grant Friend, Swanton, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
4122 IMMEDIATE CAUSE (a) Pneumonia Terminal — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 Days
DUE TO, OR AS A CONSEQUENCE OF (b) Hypertensive Cardiovascular Dis — Years
DUE TO, OR AS A CONSEQUENCE OF (c) Arteriosclerosis — Years
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
(4) Gout (5) Obesity

19a. DATE OF OPERATION	
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20a. AUTOPSY? YES ☐ NO ☒	
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medical examiner)	
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	
21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that (I) (this hospital) attended the deceased from Apr, 19 72, to 9 Oct, 19 72, that (I) (we) last saw the deceased alive on 9 Oct 19 72, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	A E Mance MD
DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	
22c. DATE SIGNED	10 Oct 72
22d. PHYSICIAN'S NAME (Type)	A. E. Mance, M.D.
22e. ADDRESS	Oakland, Md.
23a. BURIAL, CREMATION, REMOVAL (Specify)	Burial
23b. DATE	10/12/72
23c. NAME OF CEMETERY OR CREMATORY	George Cemetery
23d. LOCATION (City or Town) (County) (State)	Swanton, Garr., Md.
24. FUNERAL DIRECTOR ADDRESS	John O. Durst, Oakland, Md.
25a. REC'D BY REGISTRAR DATE	OCT 16 1972
25b. REGISTRAR'S SIGNATURE	Sidney M Norton

DHMH-16 (VR A) 3 30M (4))

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

15810 — 15814

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the (undertaker) director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

VR 413 (A)
30M REV. 1X68

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
Bertha	May	Gormer	10-	3-	1972	3:00 M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MIN.
Female	White	2-6-1884	88 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH
Maryland	U S A		Garrett Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Oakland, Maryland	Cuppett & Weeks Nursing Home	Housewife	Home

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Maryland	Allegany	Cumberland	YES ☒ NO ☐	113 N. Spruce Street

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Frederick		Starkey	Jeanette		Crousier

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
no			Elizabeth Simmons, 113 N. Spruce Place. Cumb. Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial Infarction	hr.
DUE TO, OR AS A CONSEQUENCE OF (b)	Ischemic Heart Disease	yrs
DUE TO, OR AS A CONSEQUENCE OF (c)	Arteriosclerotic CV Dis	yrs

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from 4-22, 1972 to 10-3, 1972, that (I) (we) last saw the deceased alive on 9-27-72 19___, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
B Grant M.D.		☒	☐	☐	10-4-72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
B. Grant M. D.	Oakland, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	10/5/72	Sunset Memorial Park	Cumberland Allegany Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Hafer Funeral Service, 1302 Nat. Hwy. LaVale, Md.	OCT 10 1972	Audrey M. Norton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

15811

15815

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: Paul	Middle: Joseph	Last: Hillier	2a. DATE OF DEATH Month: October Day: 24, Year: 1972	2b. HOUR: 10 AM	
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: May 18, 1914	6. AGE (In years last birthday): 58 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): Pa.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Garrett Md.			
10. CITY OR TOWN OF DEATH: Deer Park	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): rural-see #13 below	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Guard	12b. KIND OF BUSINESS OR INDUSTRY: J&L Steel			
13a. USUAL RESIDENCE (Where deceased lived, if institutian: Residence before admission) STATE: Md.	13b. COUNTY: Garrett	13c. CITY OR TOWN: Deer Park	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: Route 4, Box 438		
14. FATHER'S NAME First: Charles	Middle: -----	Last: Hillier	15. MOTHER'S MAIDEN NAME First: Nellie	Middle: -----	Last: Broadhurst	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 162-09-8013	17. INFORMANT Address: Mrs. Thelma Hillier, see #13 above				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Thrombosis 4339	hr
DUE TO, OR AS A CONSEQUENCE OF (b)	Cerebral ischemia	yr.
DUE TO, OR AS A CONSEQUENCE OF (c)	Arteriosclerotic CVDs	yr.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

MEDICAL CERTIFICATION

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING [ ]	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22a. I certify that (I) (this hospital) attended the deceased from June, 1972, to Oct, 1972, that (I) (we) last saw the deceased alive on 10-20-72 19___, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: B L Grant MD	DEGREE: ATTENDING PHYS. [ ] MED. DIRECTOR [✓] STAFF PHYS. [ ]	22c. DATE SIGNED: 10-24-72	
22d. PHYSICIAN'S NAME (Type): B. L. Grant, MD	22e. ADDRESS: Third Street, Oakland, Maryland 2		

23a. BURIAL, CREMATION, REMOVAL (Specify): burial	23b. DATE: 10/27/72	23c. NAME OF CEMETERY OR CREMATORY: Jefferson Mem. Park	23d. LOCATION (City or Town) (County) (State): Pleasant Hills, All., Pa.	
24. FUNERAL DIRECTOR ADDRESS: Bradley A. Stewart Oakland, Maryland	25a. REC'D BY REGISTRAR DATE: OCT 30 1972	25b. REGISTRAR'S SIGNATURE: Sidney H Norton		

DHMH - 16 3/72 25M
(VR A15 (4))

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A 5 1 A
30M REV.—7-68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

15812 15816

1. DECEASED-NAME (Type or print)	First: William	Middle: Andrew	Last: House	2a. DATE OF DEATH: Month Oct. Day 21 Year 72	2b. HOUR: 3 pM		
3. SEX: Male	4. RACE: white	5. DATE OF BIRTH: July 14, 1878	6. AGE (In years last birthday): 94 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Garrett Md.				
10. CITY OR TOWN OF DEATH: Oakland	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Cupper-Weeks Nursing Home	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Farmer-Retired	12b. KIND OF BUSINESS OR INDUSTRY: Farming				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Garrett	13c. CITY OR TOWN: Friendsville	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: ----			
14. FATHER'S NAME: First George Middle W. Last House	15. MOTHER'S MAIDEN NAME: First Rebecca Middle Last Pernell						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO. 220-20-6423	17. INFORMANT: Mrs. Ariel Friend	Address: Accident, Md.				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

5193

IMMEDIATE CAUSE (a): Emphysema — 4yr

DUE TO, OR AS A CONSEQUENCE OF

(b): Obstructive pulmonary disease — 4yr

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF

(c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

diabetes mellitus Ischemic heart disease

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that (I) (this hospital) attended the deceased from Oct., 19 65, to Oct, 19 72, that (I) (we) last saw the deceased alive on Oct. 21 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: B. Gratton DEGREE: ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐ — 22c. DATE SIGNED: 10-23-72

22d. PHYSICIAN'S NAME (Type) — 22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	10/24/72	St. Pauls Luth. Cem.	Accident, Garrett, Md.

24. FUNERAL DIRECTOR	ADDRESS	25a. RECD BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Don Meurman	Grantsville, Md.	OCT 26 1972	Sidney H. Winters

15812

Male White July 14, 1878 94

Maryland U.S.A. x Garrett

Oakland Upper Hoke Nursing Farmer-Retired Farming

Maryland Garrett Friendsville X ----

George W. House Rebecca Farrell

No 220-20-6452 Mrs. Ariel Friend, Accident, Md.

A

Burial 10/8/72 St.Paula Meth. Cem. Accident,Garrett,Md.

Grantsville, Md.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 (7/71) 30M (VR AFS (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

15813 — 15817

1. DECEASED-NAME (Type or print) First: Anna	Middle: Virginia	Last: Michael	2a. DATE OF DEATH: October Month 10 Day 72 Year — 2b. HOUR: 12:30 M
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: September 22, 1892	6. AGE (In years last birthday): 80 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): Md.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Garrett Md.
10. CITY OR TOWN OF DEATH: Oakland	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): Garrett Memorial Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): H.W.	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Allegany	13c. CITY OR TOWN: Westernport	13d. INSIDE CITY LIMITS? YES ☒ NO ☐ — 13e. STREET AND NUMBER: 205 Wood St.
14. FATHER'S NAME First: Lander	Middle:	Last: Kline	15. MOTHER'S MAIDEN NAME First: Jennie	Middle: E.	Last: Patrick
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT: Clyde Michael	Address: Westernport, Md.		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Congestive Heart Failure	day
DUE TO, OR AS A CONSEQUENCE OF (b)	Ischemic Heart Disease	yrs
DUE TO, OR AS A CONSEQUENCE OF (c)	Arteriosclerotic CV Dis	yrs

4129

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medicol examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from Aug, 19 72, to Oct, 19 72, that (I) (we) last saw the deceased alive on 10-10-72 19___, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: B L Grant	DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED
22d. PHYSICIAN'S NAME (Type): Dr. B. L. Grant	22e. ADDRESS: Oakland, Md. 21550	

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 10/12/72	23c. NAME OF CEMETERY OR CREMATORY: Philos	23d. LOCATION (City or Town) (County) (State): Westernport-Allegany-Md.	
24. FUNERAL DIRECTOR: E. L. Beal	ADDRESS: Westernport, Md.	25a. REC'D BY REGISTRAR DATE: OCT 16 1972	25b. REGISTRAR'S SIGNATURE: Lucy H Linton	

FOR STATE HEALTH DEPT.

15814

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15818

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours of death.

DHMH-17 1-71 10M (VR ATSMC (5))

1. DECEASED-NAME (Type or Print) First	Middle	Last	2a. DATE KNOWN OF DEATH ESTIMATED	Month	Day	Year	2b. HOUR
Cynthia	Sue	Miller	X	10	28	1972	1230 P.M.

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS HOURS	IF UNDER 24 HRS MIN.	2c. DATE PRONOUNCED DEAD Month	Day	Year	2d. HOUR
Female	White	7-20-69	3 YRS					10	28	1972	12 M

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
W. Va.	USA	NEVER MARRIED X	Garrett Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Accident	Rural, Rt. 1	NONE	NONE

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	Garrett	Accident	YES / NO X	Rural

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Stanley	Lee	Miller	Yvonne		House

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
NO	NONE	NONE	Mr. Stanley L. Miller- Accident, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

928X

IMMEDIATE CAUSE (a) Lacerated neck, abdomen and rt. arm — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Minutes

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

(b) (Caught in automatic feeder in barn)

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
		YES / NO X

21a. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING / CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	1030 P.M. 10-28 1972	Caught in automatic feeder in barn.

21d. INJURY OCCURRED WHILE AT WORK / NOT WHILE AT WORK X	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
	Barn on Farm	Rt. 1	Accident	Garrett	Md.

22a. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X, and in my opinion death resulted from: Natural causes ☐, Accident X, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type) James H. Feaster, Jr., M. D. M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER X
DEPUTY MEDICAL EXAMINER ☐

ADDRESS (Street, city, town, or county) Oakland, Garr. Md.

22b. DATE SIGNED 10-29-72

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	10/31/72	Dawson [illegible] Cem.	Dawson, Allegany, Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Don Maurer Grantsville, Md.	NOV 2 1972	Sidney Horton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

15815 — 15819

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First	Dessie
Middle	Lou
Last	Moats
2a. DATE OF DEATH Month Day Year	October 13 72
2b. HOUR	10:00 AM
3. SEX	Female
4. RACE	White
5. DATE OF BIRTH	Apr. 28, 1888
6. AGE (In years last birthday)	84 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	
IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	W.Va.
7b. CITIZEN OF WHAT COUNTRY?	USA
8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	NEVER MARRIED [X]
9. COUNTY OF DEATH	Garrett Md
10. CITY OR TOWN OF DEATH	Oakland
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	Garrett County Memorial
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Housewife
12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	W. Va.
13b. COUNTY	Preston
13c. CITY OR TOWN	Aurora
13d. INSIDE CITY LIMITS? YES / NO	NO [X]
13e. STREET AND NUMBER	
14. FATHER'S NAME First	Israel
Middle	
Last	Moats
15. MOTHER'S MAIDEN NAME First	Mary
Middle	
Last	Shipp
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	No
(If yes give war or dates of service)	
16b. SOCIAL SECURITY NO.	None
17. INFORMANT Address	Mrs. Violet Bowers, Baltimore Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) 887X Cardiac failure

DUE TO, OR AS A CONSEQUENCE OF (b) Fracture, Hip.

Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.

DUE TO, OR AS A CONSEQUENCE OF (c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	10-12-72
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	Fracture, Hip.
20a. AUTOPSY? YES / NO	NO [X]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING (If either, natity medical examiner)	
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	
21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work / Not while at work	Not while at work [X]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	Home
21f. LOCATION Street or R.F.D. No. / City or Town / County / Stote	

22a. I **certify** thot (I) ~~(this hospital)~~ attended the deceased from 10-11, 1972, to 10-13, 1972, that (I) ~~(we)~~ lost sow the deceased olive on Oct. 13, 1972 and thot in (my) ~~(our)~~ opinian deoth occurred on the dote and hour and from the causes stoted obave, (I) ~~(we)~~ (did) ~~(did not)~~ view the body ofter deoth.

22b. SIGNATURE	Joseph Alvarez M.D.
DEGREE	ATTENDING PHYS. [X] / MED. DIRECTOR [ ] / STAFF PHYS. [ ]
22c. DATE SIGNED	Oct 20, 1972
22d. PHYSICIAN'S NAME (Type)	JOSEPH ALVAREZ, M.D.
22e. ADDRESS	E. OAK STREET OAKLAND GARRETT MD.
23a. BURIAL, CREMATION, REMOVAL (Specify)	Burial
23b. DATE	Oct. 15, 1972
23c. NAME OF CEMETERY OR CREMATORY	Aurora, Cemetery
23d. LOCATION (City or Town) (County) (State)	Aurora, W.Va.
24. FUNERAL DIRECTOR	Custer R. Stinkle
ADDRESS	Davis, W.Va.
25a. RECD BY REGISTRAR DATE	OCT 27 1972
25b. REGISTRAR'S SIGNATURE	Lindsay H. Norton

1

FOR STATE HEALTH DEPT.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15816

15820

1. DECEASED-NAME (Type or Print): First Charles Middle Alfred Last Nedrow

2a. DATE OF DEATH: KNOWN [X] ESTIMATED [ ] Month 10 Day 28 Year 1972 — 2b. HOUR 1A M

3. SEX: M — 4. RACE: W — 5. DATE OF BIRTH: 8/17/1917 — 6. AGE (In years last birthday): 55 YRS. IF UNDER 1 YEAR: MONTHS DAYS — IF UNDER 24 HRS: HOURS MIN.

2c. DATE PRONOUNCED DEAD: Month 10 Day 28 Year 1972 — 2d. HOUR 1P M

7a. BIRTHPLACE (State or foreign country): Pa. — 7b. CITIZEN OF WHAT COUNTRY?: USA — 8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ] — 9. COUNTY OF DEATH: Garrett Md.

10. CITY OR TOWN OF DEATH: Friendsville — 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): R.D. — 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Steel Door Co. — 12b. KIND OF BUSINESS OR INDUSTRY: Steel

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md. — 13b. COUNTY: Garrett — 13c. CITY OR TOWN: Friendsville — 13d. INSIDE CITY LIMITS? YES [ ] NO [X] — 13e. STREET AND NUMBER: R.D.

14. FATHER'S NAME: First Charles Middle P. Last Nedrow — 15. MOTHER'S MAIDEN NAME: First Hattie Middle Last Glover

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes give war or dates of service): WW II — 16b. SOCIAL SECURITY NO.: 210-09-8369 — 17. INFORMANT ADDRESS: Mrs. Maureen Thomas- Accident, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Maceration of brain
DUE TO, OR AS A CONSEQUENCE OF
(b) .22 cal. rifle shot right temple,
DUE TO, OR AS A CONSEQUENCE OF
(c) self inflicted

955x

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden / " / "

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION — 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? — 20. AUTOPSY? YES [ ] NO [X]

21a. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH — 21b. TIME OF INJURY Month, Day, Year HOUR A.M. 1 [X] 10-28-72 — 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X] — 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Home — 21f. LOCATION Street or R.F.D. No.: Friendsville — City or Town: Garrett — County: Maryland — State

22a. I certify that I took charge of the remains described above, held an Autopsy [ ], Inspection [X], Inquiry [X], and in my opinian death resulted from: Natural causes [ ], Accident [ ], Suicide [X], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE: James H. Feaster, Jr. M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
DEPUTY MEDICAL EXAMINER [X]

EXAMINER'S NAME (Type): James H. Feaster, Jr., M. D.

ADDRESS (Street, city, town, or county): Oakland, Garr. Md.

22b. DATE SIGNED: 10-28-72

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 10/31/72 — 23c. NAME OF CEMETERY OR CREMATORY: Asher Glade Cem. — 23d. LOCATION (City or Town) (County) (State): Friendsville, Garrett, Md.

24. FUNERAL DIRECTOR: Keith Neuman — ADDRESS: Grantsville, Md.

25a. REC'D BY REGISTRAR DATE: NOV 2 1972 — 25b. REGISTRAR'S SIGNATURE: Sidney H. Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. (See Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with 10 mm. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

DHMH-17 1/71 10M
(VR A15PE 15)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

15817 — 15821

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 (VR-VS) 30M (4)

1. DECEASED-NAME (Type or print): First EDNA — Middle MAY — Lost PERKINS
2a. DATE OF DEATH: OCTOBER Month 09 Day 72 Year
2b. HOUR: 5:00 P M
3. SEX: FEMALE
4. RACE: WHITE
5. DATE OF BIRTH: MARCH 24, 1903
6. AGE (In years last birthday): 69 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): Md.
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Garrett Md.
10. CITY OR TOWN OF DEATH: Oakland
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Garr. Co. Mem. Hosp.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife
12b. KIND OF BUSINESS OR INDUSTRY: Own home
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.
13b. COUNTY: Garr.
13c. CITY OR TOWN: Gormania
13d. INSIDE CITY LIMITS? YES [ ] NO [X]
13e. STREET AND NUMBER: Rt. #1, Box #59
14. FATHER'S NAME: First James — Middle Riley — Last Lipscomb
15. MOTHER'S MAIDEN NAME: First Verlinda — Middle — Last Arnold
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 236-14-6276
17. INFORMANT: Mrs. Helen Lewis, Gormania, W.Va. Address (Sister)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary Edema — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 days
4129
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b): Ischemic Myocardial Disease — 5 years
DUE TO, OR AS A CONSEQUENCE OF (c): Arteriosclerotic Cardio-Vascular Disease — Unknown

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION: Sept 27, '72
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: Amputation Gangrene left foot
20a. AUTOPSY? YES [ ] NO [X]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING [ ]
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. — City or Town — County — State

22a. I certify that (I) (~~this hospital~~) attended the deceased from January, 1967, to October 9, 1972, that (I) (~~we~~) last saw the deceased alive on October 9, 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: Herbert H. Leighton, M.D. DEGREE — ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED: 19 October 1972
22d. PHYSICIAN'S NAME (Type): Herbert H. Leighton, M.D.
22e. ADDRESS: Oak @ 5th Sts., Oakland, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/13/72
23c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
23d. LOCATION (City or Town) (County) (State): Rural-Oakland, Garr., Md.
24. FUNERAL DIRECTOR: John O. Durst — ADDRESS: John O. Durst, Oakland, Md.
25a. RECD BY REGISTRAR DATE: OCT 24 1972
25b. REGISTRAR'S SIGNATURE: Lucy M. Norton

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15818

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

15822

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-10 1-72 30M
(VR-A15 (4))

1. DECEASED-NAME (Type or print)	First: Emily	Middle: Margaret	Last: Rodeheaver	2a. DATE OF DEATH: Month October Day 10 Year 72 — 2b. HOUR: 3:15 A M
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: February 08, ~~1886~~ 1885	6. AGE (In years last birthday): 87 ~~86~~ YRS.	IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Md.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Garrett Md.	
10. CITY OR TOWN OF DEATH: Oakland	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Garr. Co. Mem. Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife	12b. KIND OF BUSINESS OR INDUSTRY: Own home	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Garr.	13c. CITY OR TOWN: Oakland	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: Route #1,
14. FATHER'S NAME First: William	Middle	Last: Moon	15. MOTHER'S MAIDEN NAME First: Savilla	Middle	Last: Trent
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	16b. SOCIAL SECURITY NO.: 218-30-0594	(If yes give war or dates of service)	17. INFORMANT: William C. Rodeheaver, Alexandria, Va.	Address

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Carcinoma of Gall Bladder — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 months

DUE TO, OR AS A CONSEQUENCE OF

(b): Carcinomatosis — 1 year

DUE TO, OR AS A CONSEQUENCE OF

(c): Cirrhosis Tuberculosis — 4 years

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 1560

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town — County — State

22a. **I certify** that (I) (this hospital) attended the deceased from ____, 19__, to Oct, 19__, that (I) (we) last saw the deceased alive on Oct 19__, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: A. E. Mance M.D.	DEGREE: ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 10 Oct 72	
22d. PHYSICIAN'S NAME (Type): Dr. A. E. Mance	22e. ADDRESS: Oakland, Md. 21550		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 10/12/72	23c. NAME OF CEMETERY OR CREMATORY: Moon Family Cemetery	23d. LOCATION (City or Town) (County) (State): Rural-Oakland, Garr., Md.	
24. FUNERAL DIRECTOR: John O. Durst	ADDRESS: John O. Durst, Oakland, Md.	25a. REC'D BY REGISTRAR DATE: OCT 16 1972	25b. REGISTRAR'S SIGNATURE: Sidney [illegible]	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

15819 — 15823

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1X71 30M (YR A45 (4))

1. DECEASED-NAME (Type or print): First: Walter; Middle: Clement; Last: Tasker
2a. DATE OF DEATH: Month: Oct. Day: 19 Year: 1972
2b. HOUR: 7:45 PM
3. SEX: Male
4. RACE: White
5. DATE OF BIRTH: Feb. 16, 1912
6. AGE (In years last birthday): 60 YRS. IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS.: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): Md.
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Garrett Md.
10. CITY OR TOWN OF DEATH: Oakland
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Garrett Co. Mem. Hosp.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Miner
12b. KIND OF BUSINESS OR INDUSTRY: Coal
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.
13b. COUNTY: Garrett
13c. CITY OR TOWN: Mt. Lake Pk.
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 214 Seneca Ave.
14. FATHER'S NAME First: Alphonso "Mike" Middle: Last: Tasker
15. MOTHER'S MAIDEN NAME First: Addie Middle: Pearl Last: Dawson
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 220-03-2543
17. INFORMANT Address: Clifford Tasker, See #13. above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Emphysema
492X
DUE TO, OR AS A CONSEQUENCE OF (b):
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse lost.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4Y.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING ☐
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. I certify that (I) (this hospital) attended the deceased from Oct, 1967, to Oct, 1972, that (I) (we) last saw the deceased alive on 10-19-72 19___, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: B L Grant
DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☒ STAFF PHYS. ☐
22c. DATE SIGNED: 10-20-72.
22d. PHYSICIAN'S NAME (Type): Dr. B. L. Grant
22e. ADDRESS: Oakland, Md. 21550

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/22/72
23c. NAME OF CEMETERY OR CREMATORY: Tasker Cemetery
23d. LOCATION (City or Town) (County) (Stote): Deer Park, Garrett, Md.
24. FUNERAL DIRECTOR ADDRESS: Bradley A. Stewart Oakland, Maryland
25a. REC'D BY REGISTRAR DATE: OCT 26 1972
25b. REGISTRAR'S SIGNATURE: Sidney H Norton

7 1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

15820 15824

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First: WALTER	Middle: HUGH	Last: TEETS	2a. DATE OF DEATH: Oct. Month 29 Day 1972 Year	2b. HOUR: 5:30 P.M.	
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: June 3, 1893	6. AGE (In years last birthday): 79 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): W.Va.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Garrett Md.		
10. CITY OR TOWN OF DEATH: Oakland	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 9 N. Second St.,	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Parts Manager	12b. KIND OF BUSINESS OR INDUSTRY: Garage		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Garr.	13c. CITY OR TOWN: Oakland	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: 9 N. Second St.	
14. FATHER'S NAME First: Edward	Middle	Last: Teets	15. MOTHER'S MAIDEN NAME First: Effie	Middle	Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes give war or dates of service): WW I	16b. SOCIAL SECURITY NO.	17. INFORMANT: Mrs. Hugh Teets, Oakland, Md.	Address		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Myocardial Failure due to — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: days

DUE TO, OR AS A CONSEQUENCE OF (b): Arteriosclerotic CVD — years

DUE TO, OR AS A CONSEQUENCE OF (c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4124

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): CVA - Right - 9yrs ago

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING [ ] UNDERLYING CAUSE OF DEATH [ ] (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that (I) (this hospital) attended the deceased from _____, 19 72, to Oct, 19 72, that (I) (we) last saw the deceased alive on Oct 29 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: A E Mance MD — DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ] — 22c. DATE SIGNED: Oct 30 72

22d. PHYSICIAN'S NAME (Type): A. E. Mance, M.D. — 22e. ADDRESS: Oakland, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Nov. 1, 1972	23c. NAME OF CEMETERY OR CREMATORY: Garr.Co.Mem.Gardens	23d. LOCATION (City or Town) (County) (State): Oakland, Garr., Md.	
24. FUNERAL DIRECTOR: John O. Dyrst	ADDRESS: John O. Dyrst, Oakland, Md.	25a. REC'D BY REGISTRAR DATE: NOV 3 1972	25b. REGISTRAR'S SIGNATURE: Sidney H Norton	

VS A15-(4) 25-1-72

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

15821

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15825

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print)	First: Parker	Middle: D.	Last: Warnick	2a. DATE KNOWN OF DEATH / ESTIMATED [X]	Month: 10	Day: 10	Year: 72	2b. HOUR: 7:30 A.M.	
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: 5/22/1903	6. AGE (In years last birthday): 69 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN	2c. DATE PRONOUNCED DEAD: Month 10	Day 10	Year 1972	2d. HOUR: 9:00 A.M.
7a. BIRTHPLACE (State or foreign country): MD.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Garrett County Md.						
10. CITY OR TOWN OF DEATH: Barton (Rural)	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): At home	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Farmer	12b. KIND OF BUSINESS OR INDUSTRY						
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD.	13b. COUNTY: Garrett	13c. CITY OR TOWN: Barton	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: Rural Route					
14. FATHER'S NAME: First David	Middle	Last: Warnick	15. MOTHER'S MAIDEN NAME: First Dorcas	Middle	Last: Fazenbaker				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 217-10-6707	17. INFORMANT: A Alberta Warnick (WIFE)	ADDRESS: Barton, Md. (RURAL)					

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Gun Shot wound left Chest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Immediate

DUE TO, OR AS A CONSEQUENCE OF (b): Self Inflicted

DUE TO, OR AS A CONSEQUENCE OF (c):

955X

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES [ ] NO [X]
21a. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that I taak charge of the remains described abave, held an Autapsy [ ], Inspectian [X], Inquiry [X], and in my apinian death resulted from: Natural causes [ ], Accident [ ], Suicide [X], Hamicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE: Herbert H. Leighton M.D.

EXAMINER'S NAME (Type): Herbert H. Leighton, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
DEPUTY MEDICAL EXAMINER [X]

ADDRESS (Street, city, town, or county): Oakland, Garrett

22b. DATE SIGNED: 10 October 72

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 10/12/1972	23c. NAME OF CEMETERY OR CREMATORY: New Germany Cemetery	23d. LOCATION (City or Town): Grantsville Rt2 G	(County)	(State): Md
24. FUNERAL DIRECTOR: George Eichhorn	ADDRESS: Lonaconing, Md.	25a. REC'D BY REGISTRAR DATE: OCT 16 1972	25b. REGISTRAR'S SIGNATURE: Nancy H Horton		

VR A15ME (9-68) 8M-1-70